

<i>SERFF Tracking Number:</i>	<i>CAKN-126675997</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Knights</i>	<i>State Tracking Number:</i>	<i>46077</i>
<i>Company Tracking Number:</i>	<i>11-610</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term</i>		
<i>Project Name/Number:</i>	<i>CNO-11 (ss)/11-610</i>		

## Filing at a Glance

Company: Catholic Knights	SERFF Tr Num: CAKN-126675997	State: Arkansas
Product Name: Term	SERFF Status: Closed-Approved-	State Tr Num: 46077
TOI: L04I Individual Life - Term	Closed	
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: 11-610	State Status: Approved-Closed
Filing Type: Form	Author: Donna Peterson	Reviewer(s): Linda Bird
	Date Submitted: 06/28/2010	Disposition Date: 07/02/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: CNO-11 (ss)	Status of Filing in Domicile: Pending
Project Number: 11-610	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/02/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/02/2010
Deemer Date:	Created By: Donna Peterson
Submitted By: Donna Peterson	Corresponding Filing Tracking Number:
Filing Description:	
Catholic Knights merged with Catholic Family Life Insurance April 1, 2010. A new name was chosen by our new combined board of directors the first weekend in June. Wisconsin, our state of domicile, approved the new name June 17, 2010. Last week name change filings were submitted to all other states where we are licensed. This is the only reason the name of the society is bracketed as variable.	

For the new merged society we are filing a complete new portfolio. This is not a replacement filing.

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Filing Company: Catholic Knights State Tracking Number: 46077  
Company Tracking Number: 11-610  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: Term  
Project Name/Number: CNO-11 (ss)/11-610

This filing is for an individual level term life insurance contract that is renewable and convertible. Premiums are level for 10,20, or 30 years and renewable to age 95. The John Doe 20-year data page is inserted in the policy. The John Doe payment for the 10 and 30 year specification pages are at the end of the policy after the back cover.

This product will use application 2010 LF APP approved in AR on June 16, 2010. (SERFF No. FRCS-126669811).

Other forms included in this filing are:

- a) Form 2010 YR2 TRM RDR - Additional Insured Convertible 20 Year Term Rider
- b) Form 2010 WP TRM - Waiver of Premium Rider
- c) Form 2010 Children's Level Term Insurance Rider

The children's level term rider and the Additional Insured Convertible 20-year Rider provide coverage for family members of the insured. The Additional Insured Convertible 20-year Term Rider is only available with the 20-year Term product. Both riders will be offered with individual Whole life and Universal life products that are in the filing process.

The Waiver of Premium Benefit Rider provides coverage in the event the insured becomes disabled.

The product will not be illustrated. It is being submitted in final print format. It will be marketed through licensed agents to the individual life market.

## Company and Contact

### Filing Contact Information

Donna Peterson,  
1100 W Wells Street  
Milwaukee, WI 53233  
donnap@cflfi.org  
414-278-6509 [Phone]

### Filing Company Information

Catholic Knights	CoCode: 56030	State of Domicile: Wisconsin
1100 West Wells Street	Group Code:	Company Type: Fraternal
Milwaukee, WI 53233	Group Name:	State ID Number: 2796
(414) 273-6266 ext. 6468[Phone]	FEIN Number: 39-0201015	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes

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<i>Product Name:</i>	<i>Term</i>		
<i>Project Name/Number:</i>	<i>CNO-11 (ss)/11-610</i>		
<b>Fee Explanation:</b>	Wisconsin, our state of domicile, does not charge form filing fees. This fee is for one contract and 3 riders at \$50 each.		
<b>Per Company:</b>	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catholic Knights	\$200.00	06/28/2010	37614308

SERFF Tracking Number: CAKN-126675997

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46077

Company Tracking Number: 11-610

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: Term

Project Name/Number: CNO-11 (ss)/11-610

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/02/2010	07/02/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/30/2010	06/30/2010	Donna Peterson	07/01/2010	07/01/2010

*SERFF Tracking Number:*      *CAKN-126675997*

*State:*      *Arkansas*

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*TOI:*      *L04I Individual Life - Term*

*Sub-TOI:*      *L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*

*Product Name:*      *Term*

*Project Name/Number:*      *CNO-11 (ss)/11-610*

## **Disposition**

Disposition Date: 07/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CAKN-126675997	State:	Arkansas
Filing Company:	Catholic Knights	State Tracking Number:	46077
Company Tracking Number:	11-610		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	Term		
Project Name/Number:	CNO-11 (ss)/11-610		

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Flesch Certification	Replaced	Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document (revised)</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo	Replaced	No
<b>Supporting Document</b>	Regulation 19 Certification		Yes
<b>Form (revised)</b>	Level Term Life Insurance		Yes
<b>Form</b>	Level Term Life Insurance	Replaced	Yes
<b>Form</b>	Additional insured 20 year Term Rider		Yes
<b>Form</b>	Waiver of Premium Rider		Yes
<b>Form</b>	Children's Level Term Insurance Rider		Yes

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*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.103 Renewable - Single Life -*  
                *Fixed/Indeterminate Premium*

*Product Name:*      *Term*  
*Project Name/Number:*      *CNO-11 (ss)/11-610*

## Objection Letter

Objection Letter Status      Pending Industry Response  
Objection Letter Date      06/30/2010  
Submitted Date      06/30/2010  
Respond By Date      07/30/2010

Dear Donna Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### No Objections

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract that provides for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: CAKN-126675997 State: Arkansas  
Filing Company: Catholic Knights State Tracking Number: 46077  
Company Tracking Number: 11-610  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Term  
Project Name/Number: CNO-11 (ss)/11-610

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/01/2010  
Submitted Date 07/01/2010

Dear Linda Bird,

### Comments:

### Response 1

Comments: Catholic Knights, as a fraternal benefit society is exempt from section 23-79-138. Fraternal benefit societies do not participate in the Life and Health Guaranty fund (23-96-104 L (3)) because our contracts allow us to assess our members if at any time we do not have sufficient assets to cover the reserves. Section 3.7 Maintenance of Legal Reserves in the contract is unique to fraternal, required contract language.

Under the supporting documents I added a certification to address regulation 19.

The suicide section 3.5 was revised by removing the second paragraph on reinstatement.

Section 3.2 (c) provides for the payment of 10% interest on delayed claim payments.

With the revision the only other change we made to the policy was to add "AR" after the form number. I updated the Flesch Certification and Actuarial memorandums to reflect the 'new' form number.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).



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We did not find a provision in the contract that provides for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

#### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment: Updated form number to 2010 TRM AR

Satisfied -Name: Life & Annuity - Actuarial Memo

Comment: The only change to the Actuarial memos was to add "AR" to the form number.

Satisfied -Name: Regulation 19 Certification

Comment:

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Level Term Life Insurance	2010 TRM AR		Policy/Contract/Fraternal Certificate	Initial		50.000	Level Term AR 7-1.pdf

#### Previous Version

Level Term Life Insurance	2010 TRM		Policy/Contract/Fraternal Certificate	Initial		50.000	Level Term Fnl AR 6-28.pdf
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No Rate/Rule Schedule items changed.

Thank you for your help with the filing. Fraternal benefit societies are 'unique critters' in the industry and if you have any questions, please don't hesitate to contact me. Donna

Sincerely,  
Donna Peterson

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## Form Schedule

### Lead Form Number: 2010 TRM

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2010 TRM AR	Policy/Cont	Level Term Life Insurance Certificate	Initial		50.000	Level Term AR 7-1.pdf
	2010 YR2 TRM RDR	Certificate	Additional insured 20 year Term Rider	Initial		55.600	Additional Insd Term Rider.pdf
	2010 WP TRM	Certificate	Waiver of Premium Rider	Initial		51.400	Waiver of Premium - WL.pdf
	2010 CHLD TRM RDR	Certificate	Children's Level Term Insurance Rider	Initial		54.700	Childrens Term Rider (2).pdf



## LEVEL TERM LIFE INSURANCE

**READ YOUR CONTRACT CAREFULLY** This is a legally binding insurance contract between you and [Catholic Knights]. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

**[Catholic Knights]** agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

**RIGHT TO CANCEL** – The owner may cancel this contract for any reason before midnight on the twentieth (20<sup>th</sup>) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30<sup>th</sup>) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to [Catholic Knights], 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any [Catholic Knights] authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. [Catholic Knights] will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

President

Secretary

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**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe] **FACE AMOUNT OF INSURANCE:** [\$100,000]  
**ISSUE AGE:** [35] **SEX:** [male] **CERTIFICATE NUMBER:** [1234567]  
**CERTIFICATE DATE:** [7/1/2010] **PREMIUM CLASS:** [NON-TOBACCO]

**ADDITIONAL INSURED:** [Jane B. Doe] **PREMIUM CLASS:** [NON-TOBACCO]  
**ISSUE AGE:** [33] **SEX:** [female]

**OWNER:** [John D. Doe] **DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [18<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[20] Yr Level Term	[\$100,000]	[\$177.00]	[20 Years]	[2030]
Waiver of Premium Rider	[\$100,000]	[\$ 42.00]	[20 Years]	[2030]
Children's Level Term Insurance Rider	[\$ 10,000]	[\$60.00]	[20 Years]	[2030]
Additional Insured 20 Yr Term Rider	[\$100,000]	[\$119.00]	[20 Years]	[2030]
Contract Policy Fee		\$60.00	[20 Years]	[2030]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$458.00]	[\$238.16]	[\$38.15]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the [AR Department of Insurance is 501-371-2600]

## SECTION 2. DEFINITIONS

**YOU** and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

**WE, US** and **OUR** means [Catholic Knights].

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

A **RIDER** is an attachment to the contract. It provides additional benefits.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

**CONTRACT YEARS ANNIVERSARIES** and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

**WRITTEN NOTICE** means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

**IN FORCE** means the insured's life remains insured under the terms of this contract. This contract is in effect.

**TERMINATE** means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 3.1) depends upon the payment of premiums (Section 5.2). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.9 and 5.2).

## **SECTION 3 GENERAL PROVISIONS**

### **3.1 Insurance Proceeds**

When the insured dies, an amount of money, called the insurance proceeds, are payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance  
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract plus,
- Any dividends left with us to earn interest plus,
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;  
MINUS
- Any premium due

### **3.2 Payment of Interest on the Insurance Proceeds**

a) The insurance proceeds are paid to the beneficiary within one month after we receive due proof of the insured's death and the claimant's right to payment. We pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 11 are selected.

b) Interest accrues at the effective annual rate or rates applicable to the contract for funds left on deposit. , If the society has not established a rate for funds left on deposit, interest accrues at the Two Year Treasury Constant Maturity Rate published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

c) Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

- (i) The date that due proof of death is received by the society;
- (ii) The date the society receives sufficient information to determine it's liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to the society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

### **3.3 The Contract**

This contract is issued in consideration of:

- a. your application;
- b. the payment of premiums; and
- c. the contract and rider provisions.

The entire contract consists of:

- a. this certificate;
- b. any additional benefits provided by rider;
- c. the attached application;
- d. any required medical examination or declaration of insurability; and
- e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the [Catholic Knights] is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the determination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

### **3.4 Incontestability**

After the contract has been in force for a period of two (2) years during the lifetime of the insured it shall become incontestable as to the statements contained in the application.

Within two (2) years after the effective date of a reinstatement we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

### **3.5 Suicide**

If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid.

### **3.6 Misstatement of Age or Sex**

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

### **3.7 Maintenance of Legal Reserves**

The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding contracts. The amount thus apportioned to your contract shall either:

- a. be paid in cash by you; or
- b. be an indebtedness against your contract at a rate of interest - 8% per annum.

### **3.8 Decrease in Face Value**

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

### **3.9 Termination**

The contract will terminate:

- a. when we receive written notice to terminate; or
- b. when the insured dies; or
- c. if any premium due is unpaid at the end of the grace period; or
- d. on the expiry date shown in Section 1 unless renewed; or
- e. on the policy anniversary on or immediately following your 95<sup>th</sup> birthday.



### **3.11 Forms and Procedures**

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

## **SECTION 4. OWNERSHIP**

### **4.1 The Owner**

The owner is named on page 3. The owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured.

### **4.2 Transfer of Ownership**

You may transfer the ownership of this contract during the lifetime of the insured. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed subject to any payments made or actions taken by the society prior to receipt of the notice.

### **4.3 Successor Owner**

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the account owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

### **4.4 Collateral Assignment**

An assignment of this contract will not be binding on us unless:

- a. it is in writing; and
- b. it is received by us at our Home Office.

We will not be responsible for the validity of any assignment. We will not be liable for any payments made or actions taken before receipt of written notice of an assignment.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership.

## **SECTION 5. PREMIUMS AND REINSTATEMENT**

### **5.1 Premium Amount**

The annual premium amount for the [thirty (30)] year level term insurance is shown on page 3. This premium amount applies for all [thirty (30)] years. The annual premium for any riders is shown on page 3.

### **5.2 Premium Payment**

**A. PAYMENT** The first premium is due and must be paid as of the certificate date. All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 3). If you want a receipt for premium payment, we will provide one upon request.

**B. FREQUENCY** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.

**C. GRACE PERIOD.** You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds.

### **5.3 Premium Due Date**

The due date for the first premium is the certificate date as listed on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

### **5.4 Change of Premium**

The annual premium for this contract on the certificate date is shown in Section 1. The annual premium is the premium that is payable until the Expiration date shown in Section 1. The annual premium is guaranteed not to change until that Expiration date.

Commencing on the Expiration Date we annually will review the annual premium to be charged the ensuing contract year according to future expectations or emerging experience as to one or more factors, including:

- a. mortality;
- b. interest;
- c. expenses; and
- d. persistency.

The annual renewable premium in effect on any contract anniversary, however, may never be greater than the maximum guaranteed annual premium. Maximum guaranteed annual premiums for the term life insurance to age 95 benefit are shown in Section 9.2 Table of Maximum Guaranteed Renewable Premiums. The premium for any attached riders or for any special class rating shall be added to such premium.

No change in premium will occur because of a change in health of the insured. Any change in premium will not result in a change in the guaranteed benefits provided by this contract.

Any change in premium will be on a uniform basis for all insureds;

- a. with the same age at issue or renewal,
- b. of the same sex; and
- c. in the same premium class; and
- d. whose policies have been in force for the same length of time.

### **5.5 Reinstatement**

You may reinstate this contract within three (3) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the contract upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

- a. Provide evidence of insurability satisfactory to us; and
- b. Pay all overdue premiums with interest at the rate shown in Section 1 from the due date of each premium.

## **SECTION 6. DIVIDENDS**

### **6.1 Annual Dividends**

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

### **6.2 Use of Dividends**

At your option, dividends may be:

- a. left on deposit at interest at such rate as our Board of Directors may from time to time declare, but never less than 1.5 %; or
- b. paid in cash; or
- c. used to pay a premium on this contract.

Unless elected otherwise, Option a. will be applied.

### **6.3 Lapse, Termination, and Expiry of Contract**

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

## **SECTION 7. BASIS OF RESERVES**

### **7.1 Basis of Reserves**

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

## **SECTION 8. CONVERSION**

### **8.1 Requirements**

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

- a. Making a written application for conversion at any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
- b. Making payment of the full first premium for the new contract; and
- c. Returning this certificate.

## 8.2 New Contract

The new contract will be limited to:

- a. Insurance on the same person as the insured under this contract.
- b. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
- c. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.
- d. The Suicide and Incontestability provisions of the new contract will be measured from the contract date of this contract.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

## 8.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

## 8.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of:

- (a) the [30<sup>th</sup>] contract anniversary, or
- (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

## SECTION 9. RENEWAL PROVISIONS

### 9.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on the most recent page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the [30<sup>th</sup>] contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this contract shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be no greater than the premium shown in the Table of Maximum Guaranteed Renewable Premiums for the contract premium class, and the insured's sex and age as of his or her birthday immediately preceding the renewal date as set forth in the Section 9.2.

## 9.2 Table of Maximum Guaranteed Renewal Premiums

The maximum annual renewal premium for this contract shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding \$60. The premium for any attached riders or for any special class rating shall be added to such premium.

[

Male Non-tobacco							
Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates
26	3.13	43	6.39	60	30.55	77	169.91
27	3.19	44	7.07	61	34.18	78	189.74
28	3.19	45	7.81	62	38.40	79	211.98
29	3.19	46	8.55	63	43.02	80	236.80
30	3.19	47	9.17	64	47.84	81	263.81
31	3.19	48	9.66	65	52.87	82	292.46
32	3.22	49	10.28	66	57.97	83	323.78
33	3.32	50	11.09	67	63.31	84	358.63
34	3.39	51	12.13	68	68.95	85	397.43
35	3.55	52	13.40	69	75.29	86	440.15
36	3.71	53	14.86	70	82.69	87	486.37
37	3.94	54	16.71	71	91.67	88	535.57
38	4.23	55	18.79	72	102.18	89	587.25
39	4.49	56	20.94	73	113.26	90	638.83
40	4.84	57	23.03	74	125.18	91	689.71
41	5.26	58	25.12	75	138.18	92	743.09
42	5.78	59	27.57	76	152.85	93	799.44
						94	858.87

]

## SECTION 10 BENEFICIARY

### 10.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. The beneficiary:

- will receive the insurance proceeds when the insured dies;
- is named in the application for this contract; and
- may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

- The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
- If no beneficiary survives the insured, the insurance proceeds will be paid in one sum to the owner, if living. If the owner is not living, the insurance proceeds will be paid to the owner's estate.

## 10.2 Change of Beneficiary

The owner may change the beneficiary designation:

- a. while the insured is alive; and
- b. if the prior designation does not prohibit such a change; and
- c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. No change is binding on us until it is recorded at our home office. Once recorded the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We have the right to require that you send us this contract so we can record the change.

## SECTION 11. PAYMENT OF INSURANCE PROCEEDS

### 11.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 3.1, optional payment plans available upon death of the insured are:

**A. Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than one and one-half (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

**B. Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

#### **C. Payments Based on a Single Life**

**1. Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

**2. Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

**D. Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

**E. Other Plans** – Other periodic plans may be arranged with us.

Any chosen benefit will never be less than what we would provide for our Single Premium Immediate Annuity

contract purchased at the same time for the same class of annuitants.

### **11.2 Who May Choose a Payment Plan**

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

### **11.3 Frequency of Payments**

Monthly, quarterly, semiannual or annual payments may be selected.

### **11.4 Minimum Payment Guarantee**

a. The amount of the periodic payment in Section 11.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one-half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

b. Tables 1, 2 and 3 in Section 11.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

### **11.5 Payout Plan Guaranteed Payments**

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are also based on the Annuity 2000 Mortality tables, split by sex.

**TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD**

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

**TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE**

Payee's Age	No Certain Period				Certain Periods	
					10 Year	20 Year
	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

**TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS**

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41



### **LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract

Premiums Payable as scheduled in Section 1

Renewable to Age 95 – Convertible as stated in Section 1

Participating



**1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[[www.catholicknights.org](http://www.catholicknights.org)]**

[CATHOLIC KNIGHTS]  
ADDITIONAL INSURED  
CONVERTIBLE 20 YEAR TERM INSURANCE RIDER

This Rider shall become a part of the Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

**Definitions**

“Contract” means the life Contract to which this Rider is attached.

“Insured” means the Insured under the Contract.

“Additional Insured” means the Insured named for this Rider in the Contract application.

“Beneficiary” of this Rider means the then-owner of the Contract. However, the owner may designate an alternate beneficiary duly filed with us.

**We, Us, and OUR** means [Catholic Knights].

**You and YOUR** means the owner of the Contract. The owner is shown in Section 1 unless otherwise changed as provided in the Contract.

**Insurance Benefit Amount**

If the Additional Insured dies while this Rider is in force, we will pay the Beneficiary the Rider Benefit Amount shown on the Specifications Page.

**Provisions**

This Rider is subject to all the terms of the Contract except guaranteed values and Contract loans. For this Rider, the term Contract Date for the Incontestability and the Suicide provisions mean the date coverage begins under this Rider.

**Cash Values**

This Rider does not provide for any cash value or loan values. No Contract loan on the Contract will be deducted from any settlement under this rider.

**Premium Amount**

During the Term Period the annual premium amount will be as shown on the Specifications Page.

**Term Period**

The Term Period is 20 years. It expires on the Benefit Expiry Date shown on the Specifications Page.

## **Continuation of Term Insurance in Event of Death of the Contract Insured**

This Rider shall be continued in force for 90 days following the date of death of the Contract Insured. No further premium payments are required during this period.

## **CONVERSION OF THIS RIDER**

### **Requirements**

You may convert this Rider to a new Contract at any time prior to the 18<sup>th</sup> anniversary date of the Rider. We will not require evidence of insurability.

The full first premium for the new Contract is required. The original Contract must be returned for proper endorsement. Coverage under this Rider will terminate on the date of conversion.

### **New Contract**

The new Contract will be limited to:

1. Insurance on the same person as the Additional Insured.
2. Any plan of permanent life insurance being issued by us at the time of conversion. The amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
3. Any amount not greater than the amount of insurance under this rider at the date of conversion.

For the new Contract the term "Contract Date" in the Incontestability and the Suicide provisions shall mean the date coverage began under this Rider.

The premium will be based upon the Additional Insured's age at the time of the conversion. The underwriting class will be the same as under this Rider.

Additional benefits will be issued with the new Contract only with our consent.

### **Termination of Agreement**

This rider and all the insurance provided herein shall terminate automatically:

1. Upon the expiry date shown on the Specifications Page;
2. Upon nonpayment of a premium when due or within the grace period for that premium;
3. On the 91<sup>st</sup> day following the death of the Contract Insured;
4. Upon surrender or other termination of the Contract;
5. Upon the date when either extended insurance or paid-up insurance becomes effective under the Contract; or
6. Upon your written request.

**Reinstatement**

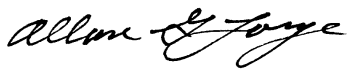
If the Contract is reinstated prior to the expiry date, this Rider will also be reinstated. However, after 29 days after the end of the grace period, reinstatement of this rider is subject to:

1. Evidence of insurability satisfactory to us and
2. Payment of all the overdue premiums with interest from the due date of each premium. The interest rate will be no more than six percent (6%) compounded annually.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.



President



Secretary

## CATHOLIC KNIGHTS WAIVER OF PREMIUMS BENEFIT RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

### **Benefit**

You will not have to pay premiums if the Insured becomes disabled. We will refund any premium paid during the period of Disability. If the premiums are being waived, all benefits included in the Contract shall continue in force. Any premium waived will not reduce any death benefit.

### **Definition of Disability**

Disability means that the Insured is unable to perform the duties of his/her job due to sickness or accidental bodily injury. Duties mean the substantial and material duties. Disability must be for a continuous period of six months.

During the first 24 months, Disability means being unable to perform the duties of the Insured's regular job. After the first 24 months, it means being unable to perform the duties of any job for which he/she become reasonably qualified for by reason of education, training, or experience.

If the Insured was a student when Disability began, going to school is the Insured's regular job.

The total and permanent loss of sight of both eyes will be considered as Disability. So will the loss of the use of both hands, both feet, or one hand and one foot.

### **Premium**

The premium for this Rider is shown on the Specifications Page. It remains level until the expiry date shown on the Specifications Page.

Before we approve a claim for waiver benefit, the payment of the premiums when due is required to avoid a lapse of insurance. If we approve the claim for the waiver benefit after the continuous period of six months, we will refund the premiums paid after the first of the benefit month on or following the date the insured's total disability began.

### **Cash Values**

This Rider does not provide for any cash values or loan values.

### **Risks Not Covered**

The Rider does not cover a disability which:

1. Began before the Contract Date; or
2. Began after the Contract anniversary on or next following the Insured's 65<sup>th</sup> birthday;  
or

3. Began after the grace period of an unpaid premium. If Disability begins during a grace period, payment of the overdue premium is required to avoid a lapse of coverage before we approve the claim for the waiver benefit.
4. Was caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
5. Is a result of war or act of war, if the cause of disability is while the Insured is serving in the Military, Navy, or Air Force of any country, combination of countries, or international organizations. Disability is not covered provided it occurs while in such forces or within six months after termination of service in such forces.
6. Is caused by or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Contract.

### **Proof of Disability**

Written notice and proof must be given to us:

1. While the Insured is alive and disabled; and
2. Within 12 months of any termination of this Rider.

As part of any proof, we may require, at our expense, medical examinations of the Insured by physicians we choose.

We may also require written proof of continued Disability once every 60 days. After two years of Disability, proof will not be required more than once a year.

If notice or proof is late, we will accept it if it is given as soon as reasonably possible. If not given as soon as reasonably possible, we will not waive any premium that was due more than one year before the date written notice or proof was given to us.

If proof is not given when required or if the Insured does not submit to a medical examination, all the premiums due after that time will be payable by you.

### **Recovery from Disability**

If and when the Insured recovers, all premiums becoming due thereafter are payable by you. The premium payment in effect at the start of the Disability will determine the next premium due date.

### **Exchange of the Contract**

If the Contract to which this Rider is attached is exchanged prior to disability, the new Contract will include this Rider.

### **Termination**

This Rider terminates on the first Contract anniversary beginning on or next following the Insured's 65<sup>th</sup> birthday. It also terminates upon termination of the Contract.

Nonpayment of a premium when due or within the grace period for that premium will terminate this Rider.

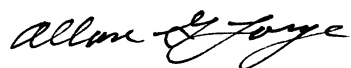
Upon written request this Rider may be terminated. We may require the return of the Contract for proper endorsement.

If the Contract is reinstated prior to the expiry date, this Rider will likewise be reinstated.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

Handwritten signature of William R. O'Toole in cursive script.

President

Handwritten signature of Allen G. Foye in cursive script.

Secretary

[CATHOLIC KNIGHTS]  
CHILDREN'S LEVEL TERM INSURANCE RIDER

This Rider shall become a part of the life Contract to which it is attached. The Rider provisions apply in lieu of any Contract provisions to the contrary. The effective date of this Rider is shown on the Specifications Page of the Contract.

**Benefit**

We will pay to the beneficiary the amount of insurance upon the death of any Insured Child provided that the death occurred:

1. After the Insured Child becomes 15 days old;
2. Before the anniversary date of the Contract on or next following the 23<sup>rd</sup> birthday of the Insured Child; and
3. Before the expiry date of this Rider shown on the Specifications Page of the Contract.

The amount of insurance for this Rider is shown on the Specifications Page of the Contract.

**Premium**

The premium for this Rider is shown on the Specifications Page of the Contract. It remains level while this Rider is in force.

**Definitions**

"Contract" means the life Contract to which this Rider is attached.

"Insured Child" whenever used in this Rider means:

1. Any child, stepchild, or legally adopted child of the insured, provided the child is named in the application for this Rider; and
2. Any child who, after the date of application, is born of the Insured or is legally adopted by the Insured prior to the child's 21<sup>st</sup> birthday.

"Insured" in this Rider means the Insured under the Contract.

**Beneficiary**

"Beneficiary" of this Rider is:

1. The Insured, if living; otherwise,
2. The estate of the deceased Insured Child.

**Continuation of Term Insurance in Event of Death of the Insured**

If the Insured dies first, this Rider shall be continued in force without the requirement of any further payments. Its owner will be (a) the person, if any, whom the Insured specified in writing to be the owner and whom survived the Insured; otherwise (b) the Insured's estate.

**Cash Value**

This Rider does not provide for any cash value except in the event of death of the Insured. In the event of death of the Insured, the cash value is equal to the reserve for such insurance. Information about the amount of cash value available will be furnished upon request. This Rider may be surrendered at any time for its cash value. If the Rider is surrendered within thirty (30) days after a Contract anniversary, the value available will not be less than the value on that Contract anniversary date. This Rider does not provide loan values.



These reserves are based on the 2001 CSO Aggregate Mortality Tables. Selection factors are not used. Age is determined as of the last birthday. Interest is at four percent (4%) per year. Discounted premiums also use four percent (4%) interest.

### **Conversion or Exchange of the Contract**

If the Contract is converted or exchanged under a conversion or exchange option, this Rider may be attached to the new Contract on the life of the insured. Evidence of insurability will not be required.

### **Disability**

The premiums for this Rider will be waived if and when premiums for the Contract are waived under the Waiver of Premium provision.

### **Incontestability**

All statements made in the application for this Rider on behalf of any Insured Child are representations not warranties. Statements may be used to contest a claim under this Rider or the validity of this Rider only if they are contained in the application.

This Rider will not be contested by us after it has been in force during the lifetime of the Insured Child for two years from the date of issue. While the Rider is contestable, we may rescind the Rider or deny a claim only on the basis of material misrepresentation in the application which is willfully false and intentionally misleading. A misrepresentation is material if, on the basis of correct and complete information in the application, we would have:

1. Declined the application;
2. Issued the Rider at a higher premium; or
3. Issued the Rider on some other basis.

If the Rider is rescinded, the premiums paid will be refunded.

### **Misstatement of Age**

If the age of any Insured Child has been misstated, the termination date and conversion rights on the term insurance for that Insured Child will be based on the correct age.

### **Reinstatement**

If the Contract is reinstated, this Rider may be reinstated at the same time, provided that we receive evidence of insurability satisfactory to us for all persons Insured under this Rider.

Reinstatement will create no liability because of the death of any Insured Child occurring prior to the date of reinstatement.

### **Payment Options**

Any amount payable on the death of any Insured Child under this Rider may be applied to any payment option under the Contract. A new contract will be issued without surrender of the original Contract.

### **Contract Loans**

No Contract loan on the Contract will be deducted from any settlement under this Rider.

### **Conversion of this Rider**

If this Rider has not terminated, the insurance on each child may be converted during their lifetime and in the periods shown below without evidence of insurability. Conversion can be to any plan of permanent insurance which we issue on the date of conversion. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values. The Incontestability and Suicide provisions attributable to the coverage converted will run from the effective date of this Rider.

When Conversion Occurs	Maximum Amount
During the 31 days after the Contract anniversary that is on or next follows the child's 18 <sup>th</sup> birthday.	Five times the amount of insurance that the Rider provides.
At other times on or before the Contract anniversary that is on or next follows the child's 23 <sup>rd</sup> birthday.	The amount of insurance that the Rider provides.
During the 31 days after the Contract anniversary that is on or next follows the child's 23 <sup>rd</sup> birthday.	Five times the amount of insurance that the Rider provides.

The date of each new Contract shall be the date of conversion. Each new Contract shall be issued using the standard rates and procedures for plans being offered at the time of conversion. The new Contract must meet the minimum Contract size requirements for the new plan.

#### **Termination of Agreement**

This Rider and all insurance provided herein shall terminate automatically:

1. Upon the expiry date shown on the Specifications Page of the Contract;
2. Upon nonpayment of a premium when due or within the grace period for that premium;
3. Upon surrender or other termination of the Contract;
4. Upon the death of the last surviving Insured Child;
5. Upon the date when either extended insurance or paid-up insurance becomes effective under the Contract; or
6. Upon written request.

Signed at our Home Office in Milwaukee, Wisconsin on the certificate date.

*William R. O'Toole*

President

*Allan S. Foye*

Secretary

SERFF Tracking Number: CAKN-126675997

State: Arkansas

Filing Company: Catholic Knights

State Tracking Number: 46077

Company Tracking Number: 11-610

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: Term

Project Name/Number: CNO-11 (ss)/11-610

## Supporting Document Schedules

Item Status:

Status

Date:

**Satisfied - Item:** Flesch Certification

**Comments:**

Updated form number to 2010 TRM AR

**Attachment:**

Flesch Cert AR.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Application

**Comments:**

SERFF filing no: FRCS-126669811 approved June 16, 2010

**Attachments:**

Life Part I state vrsn.pdf

Life Part II state vrsn.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Regulation 19 Certification

**Comments:**

**Attachment:**


Reg 19 CERT AR signd.pdf

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Catholic Knights

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
2010 TRM AR	50.0
2010 YR2 TRM RDR	55.6
2010 WP TRM	51.4
2010 CHLD TRM RDR	54.7

  
\_\_\_\_\_  
Daniel H. Strasburg, FSA, MAAA  
Vice President and Chief Actuary  
June 28, 2010



Application for Membership and Insurance to:

Catholic Knights  
[1100 West Wells Street  
Milwaukee, Wisconsin 53233  
(800) 927-2547]

☐ New Business  
☐ Conversion from Certificate No: \_\_\_\_\_

☐ New Member  
☐ Changes to Certificate No: \_\_\_\_\_

## A. MEMBERSHIP

### Proposed Primary Insured

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Where can you be reached for additional information? \_\_\_\_\_  
Best Days: M T W T H F Best times \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Are you a US Citizen, or do you have permanent residence status?  
☐ Yes - Proof of Identity \_\_\_\_\_  
☐ No - If not a U.S. citizen, provide 1-151 (green card) number \_\_\_\_\_ No. of years in US \_\_\_\_\_  
Driver's License: \_\_\_\_\_ State \_\_\_\_\_  
Previous Name/s: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Income \_\_\_\_\_  
Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish \_\_\_\_\_  
If no, do you otherwise qualify for membership? Explain \_\_\_\_\_

### Owner (Must complete section if Owner is not the Insured)

☐ Individual Relationship to proposed insured \_\_\_\_\_  
☐ Male ☐ Female SS/ITIN No: \_\_\_\_\_ DOB \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
☐ Trust Contact person \_\_\_\_\_ Tax ID No. \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Successor Owner

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payor (complete if Payor is other than insured or Owner)

Relationship to owner and insured \_\_\_\_\_  
SS/ITIN No: \_\_\_\_\_ DOB \_\_\_\_\_  
Name: \_\_\_\_\_  
First Middle Initial Last  
Address: \_\_\_\_\_  
Street City State Zip  
Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

POLICY DATE

POLICY NUMBER

**Additional Proposed Insured**

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_  
 Name: \_\_\_\_\_  
                     First                      Middle Initial                      Last  
 Address: \_\_\_\_\_  
                     Street    City                      State                      Zip  
 Home phone: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Where can you be reached for additional information? \_\_\_\_\_  
 Best Days: M T W T H F                      Best times \_\_\_\_\_ ☐ a.m. ☐ p.m.  
 Are you a US Citizen, or do you have permanent residence status?  
☐ Yes - Proof of Identity \_\_\_\_\_  
☐ No - If not a U.S. citizen, provide 1-151 (*green card*) number \_\_\_\_\_ No. of years in US \_\_\_\_\_  
 Driver's License: \_\_\_\_\_ State \_\_\_\_\_  
 Previous Name/s: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer \_\_\_\_\_ Income \_\_\_\_\_  
 Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish \_\_\_\_\_  
 If no, do you otherwise qualify for membership? Explain \_\_\_\_\_

**Children's Information (List additional children in Remarks)**

☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_  
 Name: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_  
                     First                      Middle Initial                      Last  
☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_  
 Name: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_  
                     First                      Middle Initial                      Last  
☐ Male ☐ Female SS/ITIN No \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_  
 Name: \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_  
                     First                      Middle Initial                      Last  
 Are there any children on whom coverage is not being requested? ☐ Yes ☐ No  
 If yes; child's name \_\_\_\_\_ Reason \_\_\_\_\_

**Beneficiary (List additional beneficiaries in Remarks)**

☐ **INDIVIDUAL**                      ☐ **ESTATE**                      ☐ **TRUST**                      ☐ **GIFT to PARISH or OTHER CHARITY**  
 Primary: Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security/Tax ID No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contingent: Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security/Tax ID No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Parish/Charity Name \_\_\_\_\_ Amount or Percent \_\_\_\_\_  
☐ Custodian for minors: Name \_\_\_\_\_ DOB \_\_\_\_\_ SS/ITIN/TAX No \_\_\_\_\_  
☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

**B. COVERAGE****Plan Of Insurance;** \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ ☐ Single Premium \_\_\_\_\_  
 Amount remitted with this application in Exchange for the Society's receipt \$ \_\_\_\_\_  
 (See Receipt and Conditional Life Insurance Agreement)  
 Mode: ☐ Annual                      ☐ Semi-Annual ☐ Quarterly                      ☐ Monthly EFT \_\_\_\_\_ (day)  
 Dividend Option: ☐ Cash                      ☐ Paid Up Life Additions                      ☐ Interest                      ☐ Reduced Premium  
 Automatic Loan ☐ Yes                      ☐ No  
 (UL only) Option ☐ #1 Level                      ☐ #2 Increasing  
 UL planned premium \$ \_\_\_\_\_  
☐ Layer/Additions to UL Amount \_\_\_\_\_ =

POLICY DATE

POLICY NUMBER

**Riders**

- ☐ Accidental Death Benefit ☐ Waiver of Premium  
☐ Guaranteed Insurability Option ☐ Paid Up Addition  
☐ Term Rider (Primary Insured) \$ \_\_\_\_\_  
☐ Term Rider (Additional Insured) \$ \_\_\_\_\_  
☐ Children's Term Rider \$ \_\_\_\_\_

**Premium Class**

Primary ☐ Tobacco ☐ Select Tobacco ☐ Non-Tobacco ☐ Select ☐ Select Plus  
Additional Insured Primary ☐ Tobacco ☐ Select Tobacco ☐ Non-Tobacco ☐ Select ☐ Select Plus

**We will issue the policy in the Premium Class for which the Proposed Insured qualifies**

**C. REPLACEMENT/SUITABILITY**

1. Does any proposed insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group) ☐ Yes ☐ No

2. Does any proposed insured intend to replace, discontinue or change any such coverage? ☐ Yes ☐ No

**If YES to 1 or 2 provide the following information, and complete and return any required replacement forms**

Insured Name	Policy No:	Amount	Company

**D. PRELIMINARY DECLARATION OF INSURABILITY**

**Primary** Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Has the Proposed Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Proposed Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Proposed Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

**Additional Proposed Insured:** Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Has the Additional Insured ever been told s/he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure? ☐ Yes ☐ No

2. Has the Additional Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? ☐ Yes ☐ No

3. Has the Additional Insured used tobacco in any form in the past 12 months? ☐ Yes ☐ No

**E. REMARKS**


**F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION**

I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the Proposed Insured; and a policy has been issued: and the full first premium has been received by the Society; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

I (we) have received the notification about the Federal Fair Credit Reporting act and the Medical Information Bureau.

I AUTHORIZE the following to release information about me to Catholic Knights or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, a consumer reporting agency, and/or employers.

POLICY DATE

POLICY NUMBER

**F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION (Continued)**

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by [Catholic Knights]. I authorize them to collect and transmit such information I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully required, or as I further authorize.

I KNOW that I, or my authorized representative, may request a copy of this Authorization. I AGREE that a photographic or faxed copy of this Authorization shall be as valid as the original. I ACKNOWLEDGE that I received the "Notice to Applicant" form. I AGREE this Authorization shall be valid for two years from the date shown below.

**G. AGREEMENT (check one)**

☐ Catholic Knights conditional coverage receipt was given for this life insurance plan. I acknowledge that I have read the receipt provided and understand its terms, conditions and limitations. I understand that I will not receive any insurance coverage for my money unless a policy is issued as applied for.

☐ No conditional coverage receipt was given for this insurance plan. I acknowledge that I have not paid nay premium for this insurance. I understand that this insurance is not in effect and that the first premium must be paid upon delivery of the policy.

I hereby apply for insurance in the amount on the plan and at the rate stated in this application. I agree that the entire contract consists of this application for life insurance and all supplemental application forms required for the contract or change applied for the policy, the statement of insurability, and medical examination statements, the Articles of Incorporation and By-Laws of the Society.

**IT IS AGREED:**

- 1) I have read the application and all statements in this application are to the best of my knowledge and belief true, complete and correctly recorded.
- 2) No Representative of the Society has the authority to waive any question contained in the application or to modify the application in any way.
- 3) No Representative is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.
- 4) No information acquired by any agent shall bind the Society unless set out in writing in this application.
- 5) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered, accepted by the owner and the first payment made. This must occur during the lifetime and insurability of the applicant under this contract and the health of all persons to be insured remains as stated in the application.
- 6) The contract applied for shall take effect on the later of the date requested by the applicant, or the approval date of the application from the Society at the Home Office.
- 7) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the Society. We do not make changes in the plan of insurance or payment without your written consent.
- 8) Except as provided in the Conditional Temporary Life Insurance Agreement Receipt, issued if the first premium for the contract applied for is paid, no insurance will take effect unless and until
  - a. A contract of insurance is issued and delivered
  - b. The first full premium is paid during the life time of the person to be covered; and
  - c. The health of all persons to be insured remains as stated in this application.

**Any person who knowingly presents a false statement in an application  
for insurance may be guilty of a criminal offense  
and subject to penalties under state law.**

Dated at \_\_\_\_\_ on \_\_\_\_\_  
City State Month Day Year

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Additional Insured

\_\_\_\_\_  
Signature of Parent/Guardian for Minor

\_\_\_\_\_  
Signature of Owner (if other than insured)

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent No.

Split Advisor No. \_\_\_\_\_ Percentage \_\_\_\_\_

POLICY DATE

POLICY NUMBER





## PART II SUPPLEMENTARY

Application for Membership and Insurance to:  
Catholic Knights  
[1100 West Wells Street  
Milwaukee, Wisconsin 53233  
(800) 927-2547]

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_

**PROPOSED INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE EXPLAINED AND REFERENCED IN REMARKS.**

Has or does the person proposed for this insurance coverage:	Yes	No
1) Ever engaged in or expect to engage within the next two years any of the following: a. Aviation activities as a pilot or crew member?	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin or Scuba Diving; organized motor vehicle or motor boat racing; mountain climbing; professional rodeo competition; skydiving; parachuting, hang-gliding?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you or do you intend to become a member of the Armed Forces (including Reserves or National Guard)?	<input type="checkbox"/>	<input type="checkbox"/>
3) a. Drink alcoholic beverages? If yes, how much per week? _____ (one drink = 12 oz. beer, 4 oz. wine, or 1 oz. hard liquor) Amount _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever had or been advised by a physician, practitioner, or court of law to have treatment for alcohol, drug, or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4) a. Had insurance or reinstatement refused, postponed, limited, offered, or quoted on a rated or substandard basis?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will this insurance replace or change any existing life insurance or annuity contract?	<input type="checkbox"/>	<input type="checkbox"/>
c. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home.	<input type="checkbox"/>	<input type="checkbox"/>
5) Ever been cited for driving while intoxicated (DWI), or driving under the influence (DUI)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Ever been cited for any other driving violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6) Ever been convicted in a court of law for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
7) a. Have you traveled outside the United States within the past 2 years or intend to travel outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you lived outside of the United States within the past 2 years or intend to live outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you now use or have you ever used tobacco or nicotine in any form? If yes, indicate the type of tobacco used: <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigar <input type="checkbox"/> chewing tobacco <input type="checkbox"/> other If applicable, the date you stopped: _____	<input type="checkbox"/>	<input type="checkbox"/>
9) a. Have a history in parents, brothers or sisters of mental illness, diabetes, heart, kidney or liver disease, high blood pressure, stroke or cancer? If yes, name persons(s), relationship(s), ages(s), conditions (s), and age when disease began in remarks section. b. Give name, cause and age at death of father, mother, brother(s), sister(s) if deceased: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
10) Full name and complete address of personal physician; the date, reason last seen and diagnosis: _____ _____		
11) Have you declared bankruptcy in the last 7 years or had any suits, judgments or liens against you? If yes, discharged date: _____	<input type="checkbox"/>	<input type="checkbox"/>

**COMPLETION OF QUESTIONS 12-19 IS REQUIRED IN ALL CASES. ANY "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.**

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Has or does the person proposed for insurance coverage:	Yes	No
12) Ever been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:		
a. Respiratory (lungs, bronchi, trachea, etc.) such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?	<input type="checkbox"/>	<input type="checkbox"/>
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
d. Nervous (brain, nerves, etc.) such as, but not limited to, paralysis, stroke, fainting, dizziness, epilepsy, convulsions, recurring headaches?	<input type="checkbox"/>	<input type="checkbox"/>
e. Musculo-skeletal (muscles, bones, joints, spine, etc.) such as, but not limited to, neck/back problems, fracture, arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
f. Genito-urinary (kidney, bladder, reproductive organs, etc.) such as, but not limited to, kidney stones, infection, bleeding, male or female disorders?	<input type="checkbox"/>	<input type="checkbox"/>
g. Glandular (thyroid, pancreas, adrenal, lymph glands, etc.) such as, but not limited to, abnormal growth or function, including diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
13) Been diagnosed or treated by a member of the medical profession for:		
a. impaired sight, or eye disorder	<input type="checkbox"/>	<input type="checkbox"/>
b. impaired hearing, or ear disorder	<input type="checkbox"/>	<input type="checkbox"/>
c. hernia	<input type="checkbox"/>	<input type="checkbox"/>
d. skin disease	<input type="checkbox"/>	<input type="checkbox"/>
e. any sexually transmitted disorders or diseases	<input type="checkbox"/>	<input type="checkbox"/>
14) Been diagnosed or treated by a member of the medical profession for any mental, nervous, psychological, or emotional condition or disorder, such as, but not limited to, anxiety, depression, or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>
15) Now have or ever been diagnosed or treated for cancer, tumor, cyst, or growth?	<input type="checkbox"/>	<input type="checkbox"/>
16) Gained or lost more than 10 pounds in the past year? Amount: _____ Cause: _____	<input type="checkbox"/>	<input type="checkbox"/>
17) Within the past 5 years: (Refer to disclaimer concerning AIDS test results at top of page)		
a. Had any other impairment, sickness, injury, surgery not described above or any diagnostic test such as x-ray, EKG, lab tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a physical examination? If yes, list the reason for and results below.	<input type="checkbox"/>	<input type="checkbox"/>
c. Been advised to have or do the following which was not completed 1) any diagnostic test; 2) surgery; 3) hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been on, or now on, prescribed diet or medication? List description of medication or diet, date prescribed and name and address of prescriber in remarks	<input type="checkbox"/>	<input type="checkbox"/>
e. Currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? List description of non-prescribed medications in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
18) Been diagnosed or treated by a member of the medical profession the past 10 years for complications of pregnancy (such as C-section) or now pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
19) a. Been treated or diagnosed by a member of the medical profession as having any disorder of the blood or immune system, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever been treated by a member of the medical profession as having the AIDS (TTLV-III) Virus or tested positive to FDA licensed blood tests?	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

For all yes answers list question number and give full details, including name; address, and telephone number of the medical professional or facility providing treatment; diagnosis, dates of diagnoses, consultations, tests and treatments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be attached to and made a part of the insurance issued upon it, and will be used to determine if coverage will be issued.

**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

Signature of Proposed Insured

Date \_\_\_\_\_

Signature of Owner/Applicant, if other than Proposed Insured

Signed at (City, State)

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Catholic Knights

**Form Titles:**

Level Term Life Insurance  
Additional Insured Convertible 20 Year Term Rider  
Waiver of Premiums Benefit Rider  
Children's Level Term Insurance Rider

**Form Numbers:**

2010 TRM AR  
2010 YR2 TRM RDR  
2010 WP TRM  
2010 CHLD TRM RDR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



---

Daniel H. Strasburg, FSA, MAAA  
Vice President and Chief Actuary  
July 1, 2010

<i>SERFF Tracking Number:</i>	<i>CAKN-126675997</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Catholic Knights</i>	<i>State Tracking Number:</i>	<i>46077</i>
<i>Company Tracking Number:</i>	<i>11-610</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term</i>		
<i>Project Name/Number:</i>	<i>CNO-11 (ss)/11-610</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/28/2010	Form	Level Term Life Insurance	07/01/2010	Level Term Fnl AR 6-28.pdf (Superseded)
06/15/2010	Supporting Document	Flesch Certification	07/01/2010	Flesch Cert AR.pdf (Superseded)

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KNIGHTS™

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[CATHOLIC KNIGHTS]  
1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[[www.catholicknights.org](http://www.catholicknights.org)]

Insured: [John Doe]  
Certificate Number: [123456]

**LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract  
Premiums Payable as scheduled in Section 1  
Renewable to Age 95 – Convertible as stated in Section 1  
Participating

**READ YOUR CONTRACT CAREFULLY** This is a legally binding insurance contract between you and [Catholic Knights]. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

**[Catholic Knights]** agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 3.1) to the beneficiary according to the provisions of this certificate.

**RIGHT TO CANCEL** – The owner may cancel this contract for any reason before midnight on the twentieth (20<sup>th</sup>) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30<sup>th</sup>) day after receipt of the certificate.

This is done by delivering or mailing a written notice and the certificate to [Catholic Knights], 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any [Catholic Knights] authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. [Catholic Knights] will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[

*William R. O'Toole*

[

President

*Allen E. Joyce*

]

]

Secretary

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**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe] **FACE AMOUNT OF INSURANCE:** [\$100,000]  
**ISSUE AGE:** [35] **SEX:** [male] **CERTIFICATE NUMBER:** [1234567]  
**CERTIFICATE DATE:** [7/1/2010] **PREMIUM CLASS:** [NON-TOBACCO]  
**ADDITIONAL INSURED:** [Jane B. Doe] **PREMIUM CLASS:** [NON-TOBACCO]  
**ISSUE AGE:** [33] **SEX:** [female]

**OWNER:** [John D. Doe] **DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [18<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[20] Yr Level Term	[\$100,000]	[\$177.00]	[20 Years]	[2030]
Waiver of Premium Rider	[\$100,000]	[\$ 42.00]	[20 Years]	[2030]
Children's Level Term Insurance Rider	[\$ 10,000]	[\$60.00]	[20 Years]	[2030]
Additional Insured 20 Yr Term Rider	[\$100,000]	[\$119.00]	[20 Years]	[2030]
Contract Policy Fee		\$60.00	[20 Years]	[2030]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$458.00]	[\$238.16]	[\$38.15]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the [AR Department of Insurance is 501-371-2600]



## SECTION 2. DEFINITIONS

**YOU** and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

**WE, US** and **OUR** means [Catholic Knights].

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

The **BENEFICIARY** is the person who has a right to receive the death benefit proceeds.

A **RIDER** is an attachment to the contract. It provides additional benefits.

The **CONTRACT** is this certificate, together with the application and any riders. Our Amended and Restated Articles of Incorporation and Bylaws also are part of the contract.

**CONTRACT YEARS ANNIVERSARIES** and **MONTHS** are measured from the certificate date shown in Section 1. For example, if the certificate date is September 1, 2008, the first year ends August 31, 2009. Contract anniversary means the same month and day as the contract date for each year the contract remains in force. The first contract year begins on the contract date and ends at 11:59 p.m. on the day prior to the first contract anniversary. Subsequent contract years begin on a contract anniversary and end at 11:59 p.m. on the day prior to the next contract anniversary.

The **CERTIFICATE DATE** is the date this contract goes into effect. It is shown in Section I.

**WRITTEN NOTICE** means information received at our Home Office. Such information must be written, signed by you, and acceptable to us.

**IN FORCE** means the insured's life remains insured under the terms of this contract. This contract is in effect.

**TERMINATE** means the insured's life is no longer insured under any of the terms of this contract. This contract is no longer in effect.

To make this certificate clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the certificate must be read as a whole. For example, our payment of the insurance proceeds (Section 3.1) depends upon the payment of premiums (Section 5.2). Otherwise, the provisions for non-payment of premiums will apply (Sections 3.9 and 5.2).

## **SECTION 3 GENERAL PROVISIONS**

### **3.1 Insurance Proceeds**

When the insured dies, an amount of money, called the insurance proceeds, are payable to the beneficiary. The insurance proceeds are the total of:

- The Face Amount of Insurance  
PLUS
- Any insurance on the insured's life which may be provided by riders to this contract plus,
- Any dividends left with us to earn interest plus,
- Any part of a premium paid for coverage beyond the contract month in which the insured dies;  
MINUS
- Any premium due

### **3.2 Payment of Interest on the Insurance Proceeds**

a) The insurance proceeds are paid to the beneficiary within one month after we receive due proof of the insured's death and the claimant's right to payment. We pay the insurance proceeds in one lump sum unless one or more of the optional payment plans described in Section 11 are selected.

b) Interest accrues at the effective annual rate or rates applicable to the contract for funds left on deposit. , If the society has not established a rate for funds left on deposit, interest accrues at the Two Year Treasury Constant Maturity Rate published by the Federal Reserve. In determining the effective annual rate or rates, we will use the rate in effect on the date of death.

c) Interest shall accrue at the effective annual rate determined in Item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii) and (iii) to the date the claim is paid, where it is:

- (i) The date that due proof of death is received by the society;
- (ii) The date the society receives sufficient information to determine it's liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the society are resolved and sufficient evidence of the same is provided to the society. Legal impediments to payment included, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

### **3.3 The Contract**

This contract is issued in consideration of:

- a. your application;
- b. the payment of premiums; and
- c. the contract and rider provisions.

The entire contract consists of:

- a. this certificate;
- b. any additional benefits provided by rider;
- c. the attached application;
- d. any required medical examination or declaration of insurability; and
- e. our Amended and Restated Articles of Incorporation and Bylaws, as amended from time to time.

No change in our Articles of Incorporation or Bylaws as amended made after the contract date shall reduce or change the benefits promised in this contract. You may continue this contract in force even if membership in the [Catholic Knights] is terminated except for nonpayment of premium or within the contestable period for material misrepresentation in the application. No provision in the Articles or Bylaws provides for the determination of coverage under this contract.

All statements made by the applicant for issuance, reinstatement or renewal of this contract shall, in the absence of fraud, be deemed representations and not warranties. We will not use any statement, unless made in the application, to void this contract or to deny a claim.

No agent or person other than the President or Secretary has the authority to change or modify this contract or waive any of its provisions.

### **3.4 Incontestability**

After the contract has been in force for a period of two (2) years during the lifetime of the insured it shall become incontestable as to the statements contained in the application.

Within two (2) years after the effective date of a reinstatement we may rescind the reinstated contract for material misrepresentation in the reinstatement application.

### **3.5 Suicide**

If the insured dies by suicide, whether sane or insane within two years of the contract date, the only amount payable to the beneficiary will be the sum of the premiums paid.

If the insured dies by suicide, whether sane or insane within two years of the contract reinstatement date, the only amount payable to the beneficiary will be the sum of the premiums paid.

### **3.6 Misstatement of Age or Sex**

If the age or sex of the insured has been misstated, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

### **3.7 Maintenance of Legal Reserves**

The reserves held on your contract are computed according to the standards prescribed by law. If, for any reason at any time, we do not have sufficient assets to cover the reserves, the Board of Directors may require that the amount of such deficiency shall be equitably apportioned to all outstanding contracts. The amount thus apportioned to your contract shall either:

- a. be paid in cash by you; or
- b. be an indebtedness against your contract at a rate of interest - 8% per annum.

### **3.8 Decrease in Face Value**

You may decrease the Face Amount of Insurance by a written request satisfactory to us if at least \$50,000 of insurance remains in force. The premium rate for the retained amount of coverage will then apply.

### **3.9 Termination**

The contract will terminate:

- a. when we receive written notice to terminate; or
- b. when the insured dies; or
- c. if any premium due is unpaid at the end of the grace period; or
- d. on the expiry date shown in Section 1 unless renewed; or
- e. on the policy anniversary on or immediately following your 95<sup>th</sup> birthday.

### **3.11 Forms and Procedures**

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

## **SECTION 4. OWNERSHIP**

### **4.1 The Owner**

The owner is named on page 3. The owner may exercise all contractual rights during the lifetime of the insured, without the consent of any beneficiary unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the insured.

### **4.2 Transfer of Ownership**

You may transfer the ownership of this contract during the lifetime of the insured. Written evidence of transfer satisfactory to us must be received at our home office. The transfer will then be effective as of the date it was signed subject to any payments made or actions taken by the society prior to receipt of the notice.

### **4.3 Successor Owner**

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the account owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

### **4.4 Collateral Assignment**

An assignment of this contract will not be binding on us unless:

- a. it is in writing; and
- b. it is received by us at our Home Office.

We will not be responsible for the validity of any assignment. We will not be liable for any payments made or actions taken before receipt of written notice of an assignment.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership.

## **SECTION 5. PREMIUMS AND REINSTATEMENT**

### **5.1 Premium Amount**

The annual premium amount for the [thirty (30)] year level term insurance is shown on page 3. This premium amount applies for all [thirty (30)] years. The annual premium for any riders is shown on page 3.

### **5.2 Premium Payment**

**A. PAYMENT** The first premium is due and must be paid as of the certificate date. All premiums are payable at our home office or to an authorized agent. A premium must be paid on or before its due date (see page 3). If you want a receipt for premium payment, we will provide one upon request.

**B. FREQUENCY** Premiums may be paid annually, semiannually, or monthly by electronic funds transfer (EFT) at our published rates. A change in premium frequency will be effective upon our acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by us.

**C. GRACE PERIOD.** You will have a grace period of 31 days after the date of notice during which this contract will remain in force. Any premium payment sent by U. S. mail must be postmarked before the expiration of the grace period. This contract will terminate as a lapse at the end of the grace period. If the insured should die during the grace period, the amount of any due and unpaid premium will be deducted from the proceeds.

### **5.3 Premium Due Date**

The due date for the first premium is the certificate date as listed on page 3. The due date for subsequent premiums is the first day of each contract year thereafter for the annual mode, or the first day of each contract month thereafter for the electronic funds transfer (EFT) mode. The due date for the other modes is the first day of the contract month following the modal time period. For example, the second due date for the semiannual mode is the first day of the seventh contract month.

### **5.4 Change of Premium**

The annual premium for this contract on the certificate date is shown in Section 1. The annual premium is the premium that is payable until the Expiration date shown in Section 1. The annual premium is guaranteed not to change until that Expiration date.

Commencing on the Expiration Date we annually will review the annual premium to be charged the ensuing contract year according to future expectations or emerging experience as to one or more factors, including:

- a. mortality;
- b. interest;
- c. expenses; and
- d. persistency.

The annual renewable premium in effect on any contract anniversary, however, may never be greater than the maximum guaranteed annual premium. Maximum guaranteed annual premiums for the term life insurance to age 95 benefit are shown in Section 9.2 Table of Maximum Guaranteed Renewable Premiums. The premium for any attached riders or for any special class rating shall be added to such premium.

No change in premium will occur because of a change in health of the insured. Any change in premium will not result in a change in the guaranteed benefits provided by this contract.

Any change in premium will be on a uniform basis for all insureds;

- a. with the same age at issue or renewal,
- b. of the same sex; and
- c. in the same premium class; and
- d. whose policies have been in force for the same length of time.

### **5.5 Reinstatement**

You may reinstate this contract within three (3) years after the due date of the unpaid premium if the Insured is still alive and the contract has not been surrendered. Within 29 days following the end of the grace period, we will reinstate the contract upon payment of the overdue premium.

After that 29-day period, we will reinstate the contract if you:

- a. Provide evidence of insurability satisfactory to us; and
- b. Pay all overdue premiums with interest at the rate shown in Section 1 from the due date of each premium.

## **SECTION 6. DIVIDENDS**

### **6.1 Annual Dividends**

Each year, we determine an amount to be paid to you. The share, if any, for this contract, will be paid as a dividend at the end of the contract year. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

### **6.2 Use of Dividends**

At your option, dividends may be:

- a. left on deposit at interest at such rate as our Board of Directors may from time to time declare, but never less than 1.5 %; or
- b. paid in cash; or
- c. used to pay a premium on this contract.

Unless elected otherwise, Option a. will be applied.

### **6.3 Lapse, Termination, and Expiry of Contract**

In the event of lapse of this contract, we will advise you that we will apply any dividends held on deposit toward payment of the premium. If the dividends are not sufficient to pay the premium, the dividends will be sent to you.

In the event of termination of this contract, we will pay you any outstanding dividends.

In the event of expiry of this contract, we will pay you any outstanding dividends, unless you have previously selected another dividend option listed above.

## **SECTION 7. BASIS OF RESERVES**

### **7.1 Basis of Reserves**

The Commissioner's Reserve Valuation Method is used in the calculation of reserves for this contract. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this certificate is delivered.

## **SECTION 8. CONVERSION**

### **8.1 Requirements**

You may convert this contract to a new insurance contract without evidence of insurability if this contract is in effect by:

- a. Making a written application for conversion at any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75th birthday; and
- b. Making payment of the full first premium for the new contract; and
- c. Returning this certificate.

## 8.2 New Contract

The new contract will be limited to:

- a. Insurance on the same person as the insured under this contract.
- b. Any plan of permanent life insurance (except joint-type policies) being issued by us at the time of conversion. However, the amount converted must meet the minimum issue limit for any plan elected. Permanent life insurance means a plan of life insurance that provides insurance protection until at least age 100 and that provides guaranteed cash values.
- c. Any amount not greater than the Face Amount of Insurance under this contract at the date of conversion.
- d. The Suicide and Incontestability provisions of the new contract will be measured from the contract date of this contract.

The mortality and underwriting classifications will be the same as under this contract.

The premium will be based upon the insured's age at the time of conversion.

## 8.3 Conversion Credit

In the event you convert coverage under this term insurance contract to a permanent insurance contract, we will allow a conversion credit to be applied toward the initial premium payment of the new contract as follows:

- Seventy-five percent (75%) of the annual premium paid for this contract if conversion takes place in the first through fifth contract years.
- Fifty percent (50%) of the annual premium for this contract if conversion takes place in the sixth through tenth contract year.
- The conversion credit will be based on the premium for the amount of insurance which is converted to permanent coverage.

## 8.4 Disability

If the premiums for this contract are being waived, the contract will be converted to a permanent plan selected by us, with the waiver of premium benefit, on the later of:

- (a) the [30<sup>th</sup>] contract anniversary, or
- (b) the contract anniversary following the Insured's 65th birthday.

Premiums will be waived during the continuance of disability only.

## SECTION 9. RENEWAL PROVISIONS

### 9.1 Renewal

You may renew this contract for the Face Amount of Insurance shown on the most recent page 3 without evidence of insurability for renewal term periods of one year. The first renewal period shall begin on the [30<sup>th</sup>] contract anniversary. The successive renewal term periods shall begin on each anniversary of each renewal date. The last renewal period shall be the first renewal period beginning on or immediately following the Insured's 94th birthday.

The premium payment for each new renewal term period must be made to us within 31 days following the end of the previous term period. If the insured dies during this 31-day period and this contract has not been renewed or converted, this contract shall automatically be renewed. The premium required for renewal will be deducted from the proceeds of this contract.

The premium for renewal term periods shall be no greater than the premium shown in the Table of Maximum Guaranteed Renewable Premiums for the contract premium class, and the insured's sex and age as of his or her birthday immediately preceding the renewal date as set forth in the Section 9.2.

## 9.2 Table of Maximum Guaranteed Renewal Premiums

The maximum annual renewal premium for this contract shall be determined by multiplying the premium rate per \$1,000 from the table in this section, by the number of \$1,000s of face amount and adding \$60. The premium for any attached riders or for any special class rating shall be added to such premium.

Male Non-tobacco							
Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates	Attained Age	Renewal Rates
26	3.13	43	6.39	60	30.55	77	169.91
27	3.19	44	7.07	61	34.18	78	189.74
28	3.19	45	7.81	62	38.40	79	211.98
29	3.19	46	8.55	63	43.02	80	236.80
30	3.19	47	9.17	64	47.84	81	263.81
31	3.19	48	9.66	65	52.87	82	292.46
32	3.22	49	10.28	66	57.97	83	323.78
33	3.32	50	11.09	67	63.31	84	358.63
34	3.39	51	12.13	68	68.95	85	397.43
35	3.55	52	13.40	69	75.29	86	440.15
36	3.71	53	14.86	70	82.69	87	486.37
37	3.94	54	16.71	71	91.67	88	535.57
38	4.23	55	18.79	72	102.18	89	587.25
39	4.49	56	20.94	73	113.26	90	638.83
40	4.84	57	23.03	74	125.18	91	689.71
41	5.26	58	25.12	75	138.18	92	743.09
42	5.78	59	27.57	76	152.85	93	799.44
						94	858.87

## SECTION 10 BENEFICIARY

### 10.1 Designated Beneficiary

The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. The beneficiary:

- will receive the insurance proceeds when the insured dies;
- is named in the application for this contract; and
- may be changed by the owner. The change is subject to the terms shown in the Change of Beneficiary provision.

If not otherwise provided:

- The interest of any beneficiary who dies before the insured will pass to any other beneficiaries according to their interests.
- If no beneficiary survives the insured, the insurance proceeds will be paid in one sum to the owner, if living. If the owner is not living, the insurance proceeds will be paid to the owner's estate.



## 10.2 Change of Beneficiary

The owner may change the beneficiary designation:

- a. while the insured is alive; and
- b. if the prior designation does not prohibit such a change; and
- c. the consent of any irrevocable beneficiary is obtained.

A change will revoke any prior designation. No change is binding on us until it is recorded at our home office. Once recorded the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We have the right to require that you send us this contract so we can record the change.

## SECTION 11. PAYMENT OF INSURANCE PROCEEDS

### 11.1 Optional Payment Plans

As an alternative to a lump-sum payment of the insurance proceeds pursuant to Section 3.1, optional payment plans available upon death of the insured are:

**A. Interest Deposit Account** – The allocated proceeds will earn interest annually at rates that we determine from time to time, but never less than one and one-half (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.

**B. Payments For a Guaranteed Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.

#### **C. Payments Based on a Single Life**

**1. Life Only** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.

**2. Life or Certain Period** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.

**D. Joint and Survivor Lifetime Annuity Payments** – We will periodically pay the amount that is calculated so that the allocated proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.

**E. Other Plans** – Other periodic plans may be arranged with us.

Any chosen benefit will never be less than what we would provide for our Single Premium Immediate Annuity 2010 TRM (20)

contract purchased at the same time for the same class of annuitants.

### **11.2 Who May Choose a Payment Plan**

A choice of payment plan for insurance proceeds may be made by you while the insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payment plans will take effect when recorded by us. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this certificate. If the payee is not a natural person, the choice of an income plan will be subject to our approval.

### **11.3 Frequency of Payments**

Monthly, quarterly, semiannual or annual payments may be selected.

### **11.4 Minimum Payment Guarantee**

a. The amount of the periodic payment in Section 11.1 under paragraphs B through E will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one-half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

b. Tables 1, 2 and 3 in Section 11.5 show the minimum guaranteed payments for each plan in Section 9.1 under paragraphs B, C and D respectively under certain stated assumptions.

### **11.5 Payout Plan Guaranteed Payments**

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semiannual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. The tables assume that no withdrawals are made, only the guaranteed interest of one and one-half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are also based on the Annuity 2000 Mortality tables, split by sex.

**TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD**

Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

**TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE**

Payee's Age	No Certain Period				Certain Periods	
					10 Year	20 Year
	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

**TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS**

Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

### **LEVEL TERM LIFE INSURANCE**

Death Benefit Payable at Death of Insured prior to Expiration of Contract

Premiums Payable as scheduled in Section 1

Renewable to Age 95 – Convertible as stated in Section 1

Participating



**1100 West Wells Street  
Milwaukee Wisconsin 53233  
800-927-2547  
[[www.catholicknights.org](http://www.catholicknights.org)]**

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe]  
**ISSUE AGE:** [35]  
**CERTIFICATE DATE:** [7/1/2010]

**SEX:** [male]

**FACE AMOUNT OF INSURANCE:** [\$100,000]  
**CERTIFICATE NUMBER:** [1234567]  
**PREMIUM CLASS:** [NON-TOBACCO]

**OWNER:** [John D. Doe]

**DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [10<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[10] Yr Level Term	[\$100,000]	[\$85.00]	[10 Years]	[2020]
Contract Policy Fee		\$60.00	[10 Years]	[2020]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

<b>ANNUAL</b>	<b>SEMIANNUAL</b>	<b>EFT (MONTHLY)</b>
[\$145.00]	[\$75.40 ]	[\$12.08]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.

The telephone number of the [AR Department of Insurance is 501-371-2600]

**SECTION 1**  
**SPECIFICATIONS PAGE**

**INSURED:** [John D. Doe]

**ISSUE AGE:** [35]

**CERTIFICATE DATE:** [7/1/2010]

**SEX:** [male]

**FACE AMOUNT OF INSURANCE:** [\$100,000]

**CERTIFICATE NUMBER:** [1234567]

**PREMIUM CLASS:** [NON-TOBACCO]

**OWNER:** [John D. Doe]

**DIVIDEND OPTION** [Left on Deposit]

**DIVIDENDS** are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus

**CONVERSION** Any time prior to the earlier of the [28<sup>th</sup>] contract anniversary date or the first contract anniversary date following the insured's 75<sup>th</sup> birthday.

**EFFECTIVE ANNUAL INTEREST RATE FOR REINSTATEMENT:** 6%

**SCHEDULE OF BENEFITS AND PREMIUMS**

<u>DESCRIPTION</u>	<u>BENEFIT AMOUNT</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYABLE</u>	<u>EXPIRES ON CONTRACT ANNIVERSARY DATE</u>
[30] Yr Level Term	[\$100,000]	[\$250.00]	[30 Years]	[2040]
Contract Policy Fee		\$60.00	[30 Years]	[2040]

**TOTAL PREMIUMS**

These premiums include the charge for any additional riders

**ANNUAL**  
[\$310.00]

**SEMIANNUAL**  
[\$161.20]

**EFT (MONTHLY)**  
[\$25.82]

**PREMIUM PAYMENT METHOD:** [EFT]

Premiums for the renewal periods are as provided in Section 9.2.

**BENEFICIARY** As stated in the application unless subsequently changed as provided in this contract.

The effective date and issue age of each benefit is the certificate date and issue age provided in the certificate, unless otherwise specified.


The telephone number of the [AR Department of Insurance is 501-371-2600]

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Catholic Knights

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
2010 TRM	50.0
2010 YR2 TRM RDR	55.6
2010 WP TRM	51.4
2010 CHLD TRM RDR	54.7

  
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Daniel H. Strasburg, FSA, MAAA  
Vice President and Chief Actuary  
June 28, 2010